



Air Resources Management Bureau • P.O. Box 200901 • Helena MT 59620-0901 • (406) 444-3490

## MONTANA AIR QUALITY PERMIT APPLICATION FOR PORTABLE SOURCES

### Montana Department of Environmental Quality

Air Resources Management Bureau

Permitting Section Supervisor

1520 E. Sixth Avenue

P.O. Box 200901

Helena, MT 59620-0901

Telephone: (406) 444-3490 Fax: (406) 444-1499

Email: [DEQ-ARMB-Admin@mt.gov](mailto:DEQ-ARMB-Admin@mt.gov)

#### For State of Montana Use Only

Permit Application #: \_\_\_\_\_ AFS #: \_\_\_\_\_

Application Fee Paid with Application? ☐ Yes ☐ No

Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

This application, any associated fees, and the affidavit of publication of the attached public notice must be delivered to the above address. The application may be submitted electronically to the email address provided above; however, the application will not be considered complete until the appropriate permit application fee, affidavit of publication, and certification of truth, accuracy, and completeness are submitted to the Department. Any checks, affidavits, and certifications submitted separately from the application form should be clearly identified. The applicant is encouraged to contact the Department with any questions related to this application form.

### § 1.0 GENERAL FACILITY INFORMATION AND SITE DESCRIPTION

Facility Name: \_\_\_\_\_  
(as registered with the Montana Secretary of State)

Facility Mailing Address: \_\_\_\_\_

Facility Initial Location:

Section/Township/Range: \_\_\_\_\_ Total Property Area (acres): \_\_\_\_\_

Latitude/Longitude (in decimal degrees): \_\_\_\_\_

County: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Manager's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Facility Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**[Note: If email address is provided, the Department will send all permit notices (i.e. Preliminary Determination, Department Decision, and Final Permit) electronically]**

Permit Action (Check One): ☐ New ☐ Modification to Existing Permit Number \_\_\_\_\_ - \_\_\_\_\_

Facility Type (Check All That Apply):

- ☐ Crusher
- ☐ Screen
- ☐ Wash Plant
- ☐ Asphalt Plant
- ☐ Concrete Batch Plant
- ☐ Generator/Engine
- ☐ Other (Specify: \_\_\_\_\_)

Will the facility be operating in or within 10 kilometers (~6.2 miles) of a PM<sub>10</sub> or PM<sub>2.5</sub> nonattainment area (e.g. Butte, Thompson Falls, Missoula, Whitefish, Libby, Kalispell, Columbia Falls)?

☐ Yes ☐ No

If yes, list the location(s) and the month(s) that the facility will be operating in or near the nonattainment area(s):

---

---

Do you want this permit to be written in a de minimis-friendly manner? ☐ Yes ☐ No

*(Note: This allows certain changes to the facility to occur without having to modify the permit. All permits will be written in a de minimis friendly manner unless otherwise specified.)*

SIC Code(s): \_\_\_\_\_

Anticipated date of construction (or ordering of equipment): \_\_\_\_\_

**Attach a topographic map or drawing showing the location of the proposed new or modified facility/emitting unit(s). The map must include the location of any stack(s) and its relation to the property boundary, locations of nearby roads, towns, houses, schools, landmarks, etc.**

Name of DEQ Contact (if applicable): \_\_\_\_\_

## § 2.0 PROCESS EQUIPMENT LISTING

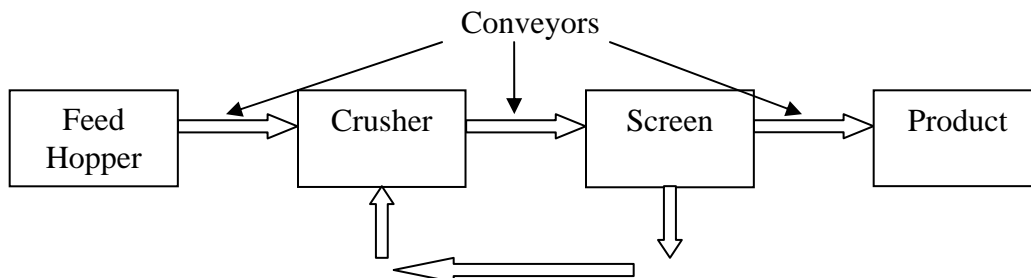
List all existing and proposed process equipment/emitting units that are or can be sources of air pollution (i.e. stack or fugitive emissions). **For each emitting unit identified, a separate Section 4.0 must be completed.**

Process Equipment/Emitting Unit(s)	New	Existing
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

### § 3.0 PROCESS FLOW DIAGRAM

Attach a process flow diagram of the equipment's set-up, production, collection, handling, and conveyance of materials, including all internal recycles.

**Example:**



Narrative Description of Process and Associated Equipment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### § 4.0 EMITTING UNIT AND CONTROL EQUIPMENT INFORMATION

**A separate Section 4.0 must be completed for each piece of process equipment listed in Section 2.0.**

Emitting Unit: \_\_\_\_\_

SCC Code(s): \_\_\_\_\_

Emitting Unit Description:

Make \_\_\_\_\_

Model \_\_\_\_\_

Type \_\_\_\_\_

Size \_\_\_\_\_

Power Source \_\_\_\_\_

Fuel Type(s) \_\_\_\_\_

Year of Manufacture/Reconstruction \_\_\_\_\_

If applicable:

Rated output of the generator (kW) \_\_\_\_\_

Rated size of engine powering the generator (hp) \_\_\_\_\_

Emitting Unit Stack Information (if applicable):

Height (feet) \_\_\_\_\_

Inside Diameter (feet) \_\_\_\_\_

Exit Gas Temperature (°F) \_\_\_\_\_

Exit Gas Flow Rate (ACFM) \_\_\_\_\_

Exit Gas Velocity (ft/sec) \_\_\_\_\_

Process Information (Indicate Units):

Type of Material Processed or Fuel Combusted\_\_\_\_\_

Average Process Rate (tons/hr, gal/hr, etc.)\_\_\_\_\_

Maximum Rated Design Process Rate (tons/hr, gal/hr, etc.)\_\_\_\_\_

Operating Schedule:

Hours/Day\_\_\_\_\_ Hours/Year\_\_\_\_\_

Days/Week\_\_\_\_\_ Weeks/Year\_\_\_\_\_

Description of Air Pollution Control Equipment and/or Practices (*Note: Air Pollution Control Equipment and/or Practices includes, but is not limited to, water spray bars, water trucks, baghouses, etc.*):

---

---

---

Proposed Operational Limitations (if any):

---

---

---

Air Pollution Control Equipment Description:

Make\_\_\_\_\_

Model\_\_\_\_\_

Type\_\_\_\_\_

Size\_\_\_\_\_

Year of Manufacture\_\_\_\_\_

Power Source\_\_\_\_\_

Fuel Type(s) \_\_\_\_\_

Estimated Control Efficiency\_\_\_\_\_

Estimated Equipment Cost\_\_\_\_\_

**§ 5.0 PROJECT AND SITE INFORMATION**

Identify the landowner of the proposed project site and the current land use (industrial, agricultural, residential, etc.):

---

---

Indicate the approximate distance to the nearest home and/or structure not associated with the proposed project site:

---

---

Summarize the aesthetic character of the proposed project site and the surrounding community or neighborhood. Include a description of recreational opportunities and any unique cultures in the area that may be affected by the proposed project:

---

---

Describe the noise levels created by the proposed project:

---

---

Summarize other industrial activities at or near the site:

---

---

List other permits and/or approvals which have been obtained or will be obtained for this project (including MPDES permits, open cut permit, etc.):

---

---

Indicate the number of employees currently employed and the increase or decrease in the number of people employed at this site as a result of the proposed project:

---

---

Describe any upgrades of utilities that may be necessary to meet the power demands for this proposed project:

---

---

Identify the amount of land that will be disturbed, in acres, as a result of this proposed project:

---

---

Identify any fish or wildlife habitat, animal or bird species, or any known migration or movement of animals at the project site:

---

---

Identify any plant species (including types of trees, shrubs, grasses, crops, and aquatic plants) at the proposed project site:

---

---

Describe any proposed discharges into surface water or onto the proposed project site:

---

---

Identify any potential impacts to wetlands and/or changes in the drainage patterns at the proposed project site:

---

---

Summarize the soils and geology of the project site. Include a description of any disruption, displacement, erosion, compaction, moisture loss, or over-covering of soil that would reduce the productivity or fertility of the soil at the site:

---

---

Summarize any access to recreational activities or wilderness areas near the proposed project site:

---

---

Describe any state, county, city, United States Forest Service (USFS), Bureau of Land Management (BLM), or tribal zoning or management plans and/or goals that might affect the site:

---

---

---

## § 6.0 INSTRUCTIONS ON PUBLIC NOTICE FOR AIR QUALITY PRECONSTRUCTION PERMIT

The applicant shall publish the following notification no earlier than 10 days prior to the date the applicant's Montana Air Quality Permit application will be submitted to the Department, and no later than 10 days following the date of submittal. The notice shall be published **once** in the legal notice section of a newspaper of general circulation in the area affected. Any fees associated with publication of this notice are the responsibility of the permit applicant. Questions regarding an appropriate newspaper should be addressed to the Department. **An Affidavit of Publication of Public Notice must be submitted with the application or the permit application will be deemed incomplete.** This notice is required by the air quality rules. **The notice to be published must contain all text within the box below.**

Public Notice	
Notice of Application for Montana Air Quality Permit (pursuant to Sections 75-2-211, and 75-2-215, MCA, and the Air Quality Rules).	
Name of Applicant(s) _____	
_____ has filed/will file	_____ on or about _____ an application for a Montana Air
	_____ date
Quality Permit or an alteration to an existing Montana Air Quality permit from the Montana Department of Environmental Quality (Department). Applicant(s) seeks approval of its application for:	
_____	
_____	
_____	
_____	
(brief description of source for which permit is being applied, and the site location including	
1) a narrative description related to nearby towns, roads, landmarks, etc. and	
2) the legal description of section, township, range, and county)	
Within 40 days of receipt of a complete application, the Department will make a preliminary determination whether the permit should be issued, issued with conditions, or denied. <u>Any member of the public with questions or who wishes to receive notice of the preliminary determination, and the location where a copy of the application and the Department's analysis of it can be reviewed, or to submit comments on the preliminary determination, must contact the Department at the Department of Environmental Quality, Air Resources Management Bureau, Air Permitting Section Supervisor at P.O. Box 200901, Helena, Montana 59620-0901, telephone (406) 444-3490.</u> Any comments on the preliminary determination must be submitted to the Department within 15 days after the preliminary determination is issued.	



**§ 7.0 CERTIFICATION OF ACCURACY AND COMPLETENESS**

**I hereby certify that, to the best of my knowledge, information and belief, formed after reasonable inquiry, the information provided in this permit application is true, accurate, and complete.**

*(Name, title and signature of corporate officer, responsible official, authorized representative, or designated representative under Title IV 1990 FCAA.)*

**Name**\_\_\_\_\_

**Title**\_\_\_\_\_ **Phone**\_\_\_\_\_ **Email:**\_\_\_\_\_

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## APPLICATION CHECKLIST

The following information must be submitted in order for the application to be considered complete. Additional information may be required by the Department. Please contact the Department if there are any questions or if the applicant would like a pre-application meeting with Department personnel.

- ☐ Completed Application Form
- ☐ Site Map or Drawing
- ☐ Process Flow Diagram
- ☐ Application Fee
- ☐ Affidavit of Public Notice
- ☐ Certification of Truth, Accuracy, and Completeness – Original Signature (if application form is submitted electronically)

SIC Codes can be found at the following website: <http://www.osha.gov/pls/imis/sicsearch.html>.

Below is a partial list of SIC codes which may apply to your facility:

Facility Type	SIC Code
Concrete Batch Plant	3273, 3531
Crushers/Screens	1442, 3531
Asphalt Plant	2951, 3531

SCC Codes can be found at the following website: <http://www.epa.gov/ttn/chief/codes/index.html#scc>